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**TELECOPY COVER SHEET**

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EQUIPMENT OPERATOR CONTACT NUMBER: 508-303-0932. PLEASE CALL IF YOU DO NOT RECEIVE ALL THE PAGES.

**TO: EXAMINER DAVID VU**  
**UNITED STATES PATENT AND TRADEMARK OFFICE**  
**ALEXANDRIA, VA 22313**

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**FROM: Sender Name: Michael A. Rodriguez (Reg. No. 41,274)**

**Number of Pages INCLUDING This Cover Sheet : 16**

**DATE: February 22, 2005**

**RE: Response to non-final Office Action Dated September 22, 2004**

**Application Serial No.: 10/654,204**

**Attorney Docket No. SRI-004**

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PTO/SB/17 (12-04/2)

Approved for use through 07/31/2008, OMB 0551-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**475.00****Complete if Known**

Application Number	10/654,204
Filing Date	09/03/2003
First Named Inventor	Hilbers
Examiner Name	Vu, DAVID HUNG
Art Unit	2828
Attorney Docket No.	SRI-004

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **502295** Deposit Account Name: \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims (24) Extra Claims Fee (\$)

35 - 20 or HP = 11 x 25 = 275

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

5 - 3 or HP = 2 x 100 = 200

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature

Michael Rodriguez

Registration No.

41,274

Telephone

508-303-2003

Name (Print/Type)

MICHAEL RODRIGUEZ

Date

2-22-05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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